This form serves as a permission slip for ALL regular field trips.

Bethel International United Methodist Church

Blanket Field Trip Permission and Emergency Medical Authorization Form 2013-2014

BIUMC requires written permission from a parent or guardian of each child before he/she may participate in field trips. I hereby grant permission for my child to participate in field trips during 2013/2014 activities. I release Bethel International United Methodist Church employees and volunteers from any and all liability of any kind which may arise during or relating to the trip except liability for damages and injuries caused by the sole negligence of Bethel International United Methodist Church. Notification will be sent via email to parents or guardians prior to any field trip indicating dates, times and destinations.

Signature of Parent or Legal Guardian		Date
Please complete the emergency medical authorization to this authorization as they		
$\underline{\textbf{Sections 1 and 3}} \ \textbf{must be completed if you are GIVIN} \\ \textbf{treatment.}$	G CONS	SENT to emergency
Emergency M	ledical A	Authorization
SECTION 1: CONSENT TO EMERGENCY	TRE	ATMENT
Student NameAddress		
<u>Purpose:</u> To enable parents or guardians to authorize the ill or injured while under church authority, when paremergency, please call:		
1. Name	Mother	Home Phone Work Phone Cell Phone
2. Name]	Father	Home Phone Work Phone Cell Phone
3. NameRelationship	Other	Home Phone Work Phone Cell Phone
In the event reasonable attempts to contact the above-r for the administration of any 1. Preferred Physician 2. Preferred Dentist 3. MD Specialist In the event the designation preferred practitioner (s) the transf	y treatme	ent deemed necessary by:Phone Phone Phone vailable, by another licensed physician or dentist; and
Preferred Hospital Or any hospital rea		Phone
This authorization does not cover major surgery unless concurring in the necessity for such surgery, are obtain		

Signature of Parent or Guardian

Emergency Medical Authorization SECTION 2: REFLISAL TO CONSENT TO EMERGENCY TREATMENT

mergency treatment, I wish church authorities to TAKE NO ACTION	NOR
ignature of Parent or Guardian	Date
Emergency Medical Author	rization
ECTION 3: EMERGENCY MEDICAL INFORMATION	
ood Allergies	•
Iedicine Allergies	
nsect Allergies	
ther	
S EPI-PEN REQUIRED? YES NO	
urrent Medications:	
ame	Frequency
ameDosage ameDosage	
ther Health Concerns (Diabetes, Asthma, etc.)	